

# Massachusetts Department of Agricultural Resources

## Dairy Farmer Tax Credit Program      2010 Disclosure & Authorization Statement

**Instructions:** Please complete the requested information below. This document is to allow the Department of Agricultural Resources to verify milk production for 2010. Please make sure you complete this form accurately and in full. If there are questions regarding this document or how to complete it, please contact our office.

Certificate of Registration Number Issued by Dept. of Agricultural Resources:		Name(s) of cooperative or handler who markets or purchases milk:	
Name:	Farm Name:		
Mailing Address:	City:	State:	Zip Code:
Phone:	Mobile Phone:	Email:	

**Check the appropriate box:**    ☐ Sole Proprietor    ☐ C-Corporation    ☐ S-Corporation    ☐ Partnership    ☐ Other Legal Entity \_\_\_\_\_

Social Security Number: (Sole Proprietor)	_____ - _____ - _____	Individual Taxpayer ID Number:	_____ - _____ - _____
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**Check the appropriate box to authorize or not authorize the Department of Agricultural Resources to accept production evidence directly from the milk cooperative or handler for the dairy operation.**

☐ **“YES”**, I authorize \_\_\_\_\_, milk cooperative or handler to release evidence of my monthly milk marketings for the dairy operation listed above directly to the Department of Agricultural Resources for the purpose of the 2010 Dairy Tax Credit Program.

☐ **“NO”**, I do not authorize the release of production evidence from any milk cooperative or handler to the Department of Agricultural Resources. I will provide production evidence, as applicable to the Department of Agricultural Resources.

**I hereby disclose the following:**  
 I held a Certificate of Registration pursuant to M.G.L. Chapter 94 § 16A at some time during 2010.  
 Furthermore, I hereby authorize the United States Department of Agriculture’s Farm Service Agency, the Federal Milk Market Administrator, my milk cooperative, or milk dealer who markets or purchases my milk to release all records and other information relating to my milk production during the year 2010 to the Department of Agricultural Resources. I further authorize the Department of Agricultural Resources to examine all records necessary to verify the information set forth in this disclosure statement. By this disclosure and authorization statement I claim to be eligible to participate in this Program created pursuant to M.G.L. c.62, §6(o) (1)-(4), and M.G.L. c.63, §38Z.

I certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this form. I also certify that I am the authorized individual eligible to file this statement and form. By signing this Disclosure and Authorization Statement Form, I agree to all terms and conditions contained within.

_____ Signature	_____ Title/Relationship of Individual Signing in the Representative Capacity	_____ Date
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**Mail completed statement to:**

**Massachusetts Department of Agricultural Resources**  
**Attn: Massachusetts Dairy Farmer Tax Credit Program**  
**251 Causeway Street, Suite 500**  
**Boston, MA 02114**  
 617-626-1739  
 Faxed or e-mailed statements will **NOT** be accepted.